



District of Columbia Retirement Board (DCRB)

Benefits Department

900 7th Street, NW, 2nd Floor • Washington, DC 20001
Telephone: (202) 343-3272 • Toll Free: (866) 456-3272 • Fax: (202) 566-5001

Electronic Funds Transfer Authorization

This form authorizes the DCRB to send payments to the designated account. This document remains in effect until cancelled in writing prior to the distribution being processed. Please allow thirty (30) to sixty (60) days after this authorization is received by the DCRB for payments to be deposited. If you have any questions, please contact the DCRB Member Services Center at the numbers referenced above.

Section I: General Information

Plan Type: ☐ Fire ☐ Police ☐ Teacher

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ - _____ - _____ Primary Phone Number: _____ - _____ - _____

Mailing Address: _____
Street City State Zip Code

E-Mail Address: _____

Section II: Account Information

Important: The account listed in this section must be in the name of the DCRB annuitant!

Name of Financial Institution: _____

Mailing Address: _____
Street City State Zip Code

Phone Number: _____ - _____ - _____ Name of Contact Person: _____

Routing Number: _____ Account Number: _____

Account Type: ☐ Checking (Attach a voided blank check. Do not attach a deposit slip.) ☐ Savings

Section III: Authorization

I hereby authorize the DCRB to deposit my pension benefit funds into my account listed above.

Signature: _____ Date: _____
(This document must be signed in the presence of a Notary Public.)

Printed Name: _____

STATE OF _____ COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that s/he executed the same for purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20 _____. (SEAL)

Signature of Notary

Commission Expires

Revised 08/2011